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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/684,017
		Filing Date	January 8, 2001
		First Named Inventor	James F. Zucherman
		Group Art Unit	3731
		Examiner Name	Julian W. Woo
Total Number of Pages in This Submission (Excluding References)	15	Atty Docket No.	KLYC-01000USN SRM/CAS

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response (13 pages) <input type="checkbox"/> After FINAL <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional enclosures (please identify below) •postcard
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name Cecily Anne Snyder
Reg. No. 37,448

Signature

Date

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Assistant Commissioner for Patents, Washington, D.C. 20231 on 17 Oct 2002

Cecily Anne Snyder

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information officer, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (11/01) (modified)
Approved for use through 10/31/2002, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$) 0.00

Complete if Known

Application Number	09/684,017
Filing Date	January 8, 2001
First Named Inventor	James F. Zucherman
Group Art Unit	3731
Examiner Name	Julian W. Woo
Attorney Docket Number	KLYC-01000USN SRM/CAS

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 06-1325
Deposit Account Name: Filesler Dubb Meyer & Lovejoy

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
[] Check [] Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="checkbox"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="checkbox"/>
115/\$110	215/\$55	Extension for response within first month [†]	<input type="checkbox"/>
116/\$400	216/\$200	Extension for response within second month [†]	<input type="checkbox"/>
117/\$920	217/\$460	Extension for response within third month [†]	<input type="checkbox"/>
118/\$1,440	218/\$720	Extension for response within fourth month [†]	<input type="checkbox"/>
128/\$1,960	228/\$980	Extension for response within fifth month [†]	<input type="checkbox"/>
119/\$320	219/\$160	Notice of Appeal	<input type="checkbox"/>
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	<input type="checkbox"/>
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	<input type="checkbox"/>
143/\$460	243/\$230	Design Issue Fee	<input type="checkbox"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="checkbox"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="checkbox"/>
126/\$180	126/\$180	Submission of Information Disclosure Statement	<input type="checkbox"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
179/\$740	279/\$370	Request for Continued Examination (RCE)	<input type="checkbox"/>

Other fee (specify): ☐

Other fee (specify): ☐

SUBTOTAL (3) (\$) 0.00

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$740	201/\$370	Utility Filing	<input type="checkbox"/>
106/\$330	206/\$165	Design Filing	<input type="checkbox"/>
108/\$740	208/\$370	Reissue	<input type="checkbox"/>
114/\$160	214/\$80	Provisional Filing	<input type="checkbox"/>

SUBTOTAL (1) (\$) 0.00

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

(Col. 1)		(Col. 2)		(Col. 3)		Fee	Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**		
TOTAL	21	minus*	20 or 24	=	0	x	0
INDEP	14	minus*	3 or 15	=	0	x	0
[] First presentation of multiple dependent claim							

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$) 0.00

SUBMITTED BY

Typed or Printed Name Cecily Anne Snyder

Signature

Complete (if applicable)

Reg. Number 37,448

Date

17 Oct 2002